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FACSIMILE TRANSMISSION COVER SHEET

Date: April 8, 2004

To: Examiner Donghee Kang, Art Unit 2811

Fax: (703) 872-9306

Re: Application Serial No.: 09/680,036

Filing Date: 10/5/2000; Inventor(s): Mann, et al.
F&F LLP Docket No.: 0190118

From: Sukhie Bal, Office Administrator

Number of pages including the cover sheet: 15

Message:

Enclosed please find the Amendment and Response to the Office Action dated January 14, 2004. The First Month Extension fee of \$110.00 is hereby enclosed on Form PTO-2038.

Thank you.

04/09/2004 SSESHE1 00000158 09680036

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Attorney Docket No.: 0190118

AMENDMENT COVER SHEET

IN RE APPLICATION OF: Mann, et al.SERIAL NO.: 09/680,036 FILED: October 5, 2000FOR: Tapered Threshold Reset FET for CMOS ImagersHONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

- No additional fee is required.
 The fee has been calculated as shown below:

<input checked="" type="checkbox"/> EXTENSION FEE	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	110.00	55.00	\$ 110.00
SECOND MONTH AFTER TIME PERIOD SET	420.00	210.00	\$
THIRD MONTH AFTER TIME PERIOD SET	950.00	475.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,480.00	740.00	\$

- TOTAL EXTENSION FEE \$ 110.00.
 FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	29	MINUS **49	* = 0	x 18	x 9	\$
INDEPENDENT	4	MINUS ***4	* = 0	x 86	x 43	\$

First presentation of multiple dependent claim

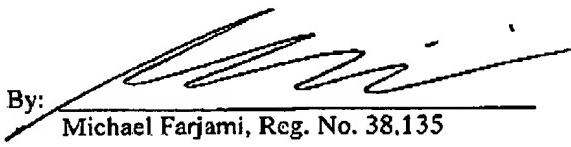
			+ 290	+ 145	\$
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TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

- * If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
 ** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
 *** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

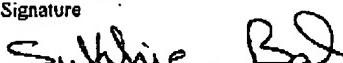
Attorney Docket No.: 0190118

- Total fee for Supplemental Information Disclosure Statement \$
- Enclosed is the total fee of \$ 110.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- Please charge Deposit Account No. 50-0731 in the amount of \$
- The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date: 4/8/04By: 
Michael Farjami, Reg. No. 38,135**CERTIFICATE OF FACSIMILE TRANSMISSION**

I hereby certify that this correspondence is being filed by facsimile transmission to United States Patent and Trademark Office at facsimile number 703-872-9306 on the date stated below. The facsimile transmission report indicated that the facsimile transmission was successful.

4/8/04
Date



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Name of Person Performing Facsimile Transmission

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CERTIFICATE OF MAILING

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Signature _____

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Attorney Docket No.: 0190118

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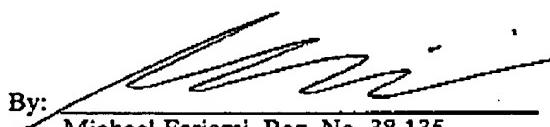
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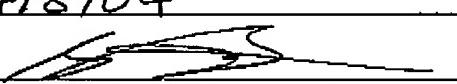
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